THE MANAGER

MANAGEMENT STRATEGIES FOR IMPROVING HEALTH SERVICES

In This Issue

Case Study

A District Health Management Team
Responds to Challenges of Decentralization

MSH MANAGEMENT SCIENCES *for* HEALTH

Exercising Leadership to Make Decentralization Work

Editors' Note

THE MAIN PURPOSE OF DECENTRALIZING a health system is to improve access to health services and, ultimately, the health of the population. Under a decentralized system, local health managers can better address deficiencies in cost-effectiveness, efficiency, and performance that are not solved by a centralized system. The local level receives responsibility for primary health services while the central level focuses on policies and standards. Yet the lengthy transition toward a decentralized health system can fracture parts of a health system that previously functioned adequately, without immediately solving pre-existing problems.

In places where decentralized management systems function well, managers at the central and decentralized levels come together to define new management responsibilities and to create supportive management structures, systems, resource flows, and activity plans. To make such changes, health managers at all levels need to become leaders who can mobilize people inside and outside their organizations to create new paths toward improved health.

THIS ISSUE OF *THE MANAGER* shows how health managers, though faced with multiple challenges of decentralization, can redefine their roles and responsibilities to better support both the people they serve and the staff at management levels closest to the population. It shows how health managers can adopt leadership practices to carry out their new roles and ultimately make decentralization work. ∎

Making Decentralization Work

Decentralizing a health system holds great promise for improving health. It allows communities and staff at local management levels to solve health issues, taking into account their local situations. It can raise the awareness of local populations about their own responsibility for their health. It frees central ministries of health from responsibility for delivering health services so that they can focus on important policy, regulatory, and public health functions. It also supports broader trends towards equity, justice, and community participation in social programs.

The transition to a decentralized health system or organization is, however, often turbulent. As a complicated, largely political process, decentralizing requires the health system to dramatically change the way it uses its human resources. It affects health organizations' definitions of clients and stakeholders, mission and priorities, decision-making powers, responsibilities, resources, and forms of communication. Countries have found that flaws in their design of decentralization and political compromises have often produced unclear responsibilities and lines of authority, unsupportive flows of resources, and movement away from the original intent of decentralization.

Yet decentralization can strengthen health services. To make it work, managers in a decentralizing system need to adopt new leadership roles to shape the process and bring some order to the turbulent transition. They need to recognize that although the final form of their decentralized system is not yet set, it will be more complex than their centralized system, with more decision-makers, more groups involved in health care, and more widely dispersed resources. Their prior experience in a centralized system did not prepare them to take on new roles and deal with the added complexity of their health system.

> There are no universal prescriptions for decentralizing a health system. Health managers can develop solutions to its challenges only through deep, sustained dialogue with colleagues and key stakeholders. Developing leadership skills will help these managers guide others in finding collective, long-lasting solutions.

This issue of *The Manager* can help managers at all levels of a decentralized health system rethink their management responsibilities and individual roles in a challenging environment. While this issue has relevance for central-level managers, it is primarily directed toward managers at the decentralized level (region, province, district, or subdistrict) of the public sector. It offers ways for these managers to adapt specific leadership practices so that they can not only adjust to the changes of decentralization, but actively shape the process. By shaping the process, they, their work groups, and outside stakeholders are in better positions to achieve results that benefit their clients. Health managers in nongovernmental organizations (NGOs) that are undergoing decentralization can also draw lessons from this issue.

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Through on-site technical assistance, teaching, and publications, they have assisted health managers at all levels in numerous countries to prepare for and implement decentralization in ways that improve health services. The authors and editors would like to acknowledge

A New Framework for Decentralized Health Systems

Central Level

REGION

PROVINCE

DISTRICT

Local Providers

Local Population

CENTRALIZED HEALTH SYSTEM

Partnership of Local Providers and Population

Partnership of District Health Managers, District Administrators, and Local Politicians

Central Level

DISTRICT

PROVINCE

REGION

Standards

Central Resources

Regulations

Policy and Legal Platform

DECENTRALIZED HEALTH SYSTEM

Decentralizing a health system turns the pyramid of the system upside down and changes the way people need to think and work. Now at the bottom, the central level must balance or stabilize the entire system by embedding it in a strong policy and legal platform. Moving upward, each subsequent level (whether part of the central or decentralized levels) has to provide the supports needed to empower the level above, so that the service providers can focus on addressing the health needs of the local population.

The new framework changes the meaning of organizational power. Under the old framework, managers thought of power only as control over resources. The new framework helps managers to expand the meaning to include power to support. This frees them to focus on relationships between people as a source of power ("power with" instead of "power over").

The new system is also more complex. The health system pyramid actually has three points that represent the public, private for-profit, and private not-for-profit sectors. The central ministry of health must expand the policy and legal platform to integrate these sectors as effective partners to the government-funded decentralized health system.

Private / Private

For-Profit / Public / Not-For-Profit

Recognizing the Challenges of Decentralization

Decentralizing shakes up many linkages existing within a health system while it turns the system upside down. The major challenge for health managers in a decentralizing system is to stabilize the entire health system through new accountabilities, resource flows, and systems that support service delivery. Within this overall challenge are other challenges that can undermine the system's stability.

Several factors account for these challenges. Health professionals have not always been involved in planning for decentralization. The planners may not have devoted enough time to planning its implementation or involving the people who would implement the process at the decentralized levels. Ministries, such as finance, planning, and health, at the central level and civil servants and local politicians at the local level have made problematic political compromises. As a result, the decentralized system may contain multiple contradictions. *For example, the central ministry of health may issue mandates to the local level, but may not have the authority, or may not be able, to distribute resources to the local level to fund their implementation.*

As a health manager working in a decentralized system, you may experience some of the following challenges, depending on the management level at which you work.

Identifying Challenges of Decentralization at Different Management Levels

Health managers around the world have identified the following challenges in their decentralized health systems. These represent some of the many challenges that may arise during decentralization.

CHALLENGES AT THE DECENTRALIZED LEVEL

ACHIEVE A BALANCE BETWEEN LOCAL AND NATIONAL PRIORITIES	Develop locally responsive health services while respecting national health policies.
	Balance conflicting demands between providing routine local health services and participating in national health initiatives (e.g., immunization days).
	Meet the demands of unfunded central mandates.
ESTABLISH NEW WORKING RELATIONSHIPS	Develop supportive working relationships with the local administration, politicians, and organizations whose agendas may not be linked to priorities of local health professionals.*
	Build partnerships with local communities to achieve better health.
MOBILIZE RESOURCES	Cope with unpredictable and delayed resource flows from the central government.
	Compete with other sectors for locally controlled resources.
ACHIEVE A COHESIVE HEALTH SYSTEM	Ensure appropriate referrals and technical support between hospitals and primary care facilities that belong to different jurisdictions.*
DEVELOP MOTIVATED, COMPETENT STAFF	Motivate a workforce whose job security, compensation, and professional development are threatened by changes resulting from decentralization.
	Develop competencies for the new management responsibilities among local staff.

CHALLENGES AT THE CENTRAL LEVEL

ACHIEVE A COHESIVE HEALTH SYSTEM	Develop a cohesive set of national health policies and strategies that protect vulnerable populations, guarantee nationally important services (e.g., reproductive health), and respond to local needs, despite competing interests of government ministries and politicians.
	Ensure an integrated health system even when primary care facilities and hospitals fall under different jurisdictions.*
	Maintain competent management, technical expertise, and integrity of key disease-prevention programs (malaria, tuberculosis, leprosy, HIV/AIDS, and immunizations).
	Develop national information systems with the essential public health and management information needed to support management responsibilities.
MAINTAIN QUALITY OF CARE	Achieve compliance with minimum standards and practices across the nation without line control over decentralized service delivery.
	Maintain adequate preventive and behavior change services when local priorities focus on curative care.
MOBILIZE RESOURCES ACROSS THE HEALTH SYSTEM	Promote equitable access to services between rich and poor populations and geographic areas.
	Ensure the availability, affordability, and quality of pharmaceuticals when procurement has been decentralized to the local level.
DEVELOP MOTIVATED, COMPETENT STAFF	Ensure equitable salaries and benefits, adequate opportunities for professional development, and flexible job transfers across jurisdictions.
	Develop new sets of skills and management systems to assist central-level managers.
	Share best practices and learning among decentralized areas.

* The "Working Solutions" on pages 19–21 illustrate how two countries addressed these challenges.

The rest of this issue will help you to address these challenges by:

- redefining roles and responsibilities in a changed environment;
- using leadership practices to shift roles and responsibilities.

Redefining Roles and Responsibilities in a Changed Environment

Challenges can be seen as opportunities for breaking down mindsets and old patterns of behavior that are no longer functional. They can be an invitation for you and others to:

- clarify new responsibilities for management levels;
- recognize new roles for individual managers.

Clarifying New Responsibilities for Management Levels

Stabilizing and sustaining the inverted health system calls for clarifying and then implementing new responsibilities at different management levels. Within the context of the overall health system's responsibilities, the central level's primary responsibility becomes setting norms. The middle level (region or province, if it exists), offers technical support to the decentralized level on national priorities. The decentralized level's focus shifts to organizing and managing services.

If you work at the decentralized level, you may have been a service provider under the centralized system, but now have no role models to follow. The table below shows the responsibilities that your new role will probably include. You will most likely need to plan, budget, and mobilize resources for delivering health services to your communities.

Management Responsibilities in a Decentralized Health System

No two countries decentralize management responsibilities in exactly the same way. The distribution of responsibilities depends on the institutional capacities and political, administrative, and social goals of each country. This table suggests how these responsibilities can be—and often are—carried out by different management levels in close collaboration with other stakeholders.

MANAGEMENT LEVEL	RESPONSIBILITY
Decentralized Level	▪ Plan and manage health services to meet local needs, following national policies. ▪ Monitor and evaluate the delivery of local services. Define local information needs, generate data, and use them to improve decision-making. ▪ Mobilize and manage local financial resources. ▪ Manage and supervise local-level health workers. ▪ Work with communities to enhance community participation. ▪ Procure drugs according to national guidelines, if procurement is assigned to this level.
Middle Level*	▪ Provide technical support for planning and implementing national priorities at the decentralized level. ▪ Monitor compliance with technical standards and ensure that local services pay attention to key national priorities. ▪ Perform epidemiological surveillance and control epidemics. ▪ Design and conduct in-service and continuing education training programs.

* During decentralization, many countries establish a regional or a provincial health office as an extension of the central ministry of health. If this middle level does not exist, these responsibilities belong to the central level.

Central Level	■ Define national responsibilities, targets, and technical standards for the protection of the health of the entire population.
	■ Formulate national health policy and plans, including financing policies and public investment plans.
	■ Monitor and evaluate the achievement of national targets. Oversee health services to be delivered by private providers.
	■ Develop national health laws and regulations.
	■ Accredit health facilities and training institutions. License health professionals.
	■ Develop a national health and management information system.
	■ Define a list of essential drugs and undertake national drug registration.
	■ Procure drugs, or define guidelines for drug procurement by other levels.

Recognizing New Roles for Individual Managers

Whether you are at the bottom or the top of the new health system, you now need to find new answers to old questions:

■ What roles do you have to play to bring decision-making closer to the population and to infuse government programs with a sense of local ownership?

■ How can you help your program achieve higher-quality services and become more responsive to clients' needs without sacrificing efficiency and effectiveness?

■ What do you need to do to support progress toward justice, fairness, and equity in health services?

■ How can you provide some sense of stability amid personal confusion and organizational turbulence?

■ How can you acquire and practice new skills required to perform new management responsibilities?

As a health manager undergoing the transition of decentralization, you have a choice whether to be a follower or leader. As a follower, you may stumble along, complaining about the confusion and holding politicians and managers at other management levels responsible for the difficulties you encounter. Alternatively, regardless of your management level, you can seize the opportunity to lead decentralization and redefine your tasks. Since you cannot be a victimized follower and a leader at the same time, you have to choose. If you are willing to experiment with changing your ways, your leadership will affect the work climate around you and set in motion positive developments you could not have imagined.

Using Leadership Practices to Shift Roles and Responsibilities

Once you understand the responsibilities of your management level and recognize your new role, exercising leadership will help you and others to implement changes. Leadership in the workplace means enabling groups of people to face challenges and achieve results in complex conditions. Managers at all levels who effectively lead apply eight functions in their work.

Functions of Managers Who Lead	
LEADERSHIP FUNCTIONS	**MANAGEMENT FUNCTIONS**
Scan	Plan
Focus	Organize
Align and Mobilize	Implement
Inspire	Monitor and Evaluate

As a manager, you can apply each function to yourself, your work group, your organization, and the larger environment in which your organization exists. Although this issue focuses on **leadership** functions needed for **shifting** roles and responsibilities, **management** functions are critical for **institutionalizing** them.

Applying management functions ensures that health management teams have the plans, budgets, systems, manuals, procedures, and information to run the health services at their level. When administrative processes function well, payments are made, the payroll is managed, resources are distributed, and recruitment and discipline are carried out in timely ways. Managers can always strengthen decentralization efforts by performing essential management functions better. (For more information about management skills needed at different administrative levels to oversee decentralization, please refer to *The Family Planning Manager,* Volume 4, Number 2, "Decentralizing Health and Family Planning Services.")

Yet management without leadership is like a car without a steering wheel: able to move but without purposeful direction. When you exercise the four leadership functions, you bring about, in yourself and others, new ways of seeing and acting. This empowers everyone involved to help decentralization fulfill its promise. Some leadership functions enable you to identify changes that have occurred during decentralization, define the challenges you need to focus on, and align with others to address the challenges. Other functions help you encourage people to commit themselves to new goals. The following sections explore the implications of tilting the health system upside down for the four leadership functions. These sections will help you to:

- **scan** your environment (see what is going on and what has changed);

- **focus** attention and resources (decide what people should pay attention to);

- **align** and **mobilize** other people and resources (connect other people and resources in the move forward);

- **inspire** others (arouse and sustain people's commitment to new goals).

For general information about the four leadership functions, please refer to *The Manager,* Volume 10, Number 3, "Developing Managers Who Lead."

Each section covering a leadership function concludes with a box that offers you some guiding questions and helpful skills to develop in yourself and others so you can produce results within your decentralized system. You might want to meet with your work group to discuss the questions and assess how well you as a group are handling the leadership functions. Find out why you may not be doing some functions well. If it is because you do not have specific skills, work out how someone in the group could acquire these skills. Some skills serve several leadership functions.

Scanning: See What Is Going On and What Has Changed

Scanning involves continually looking over your internal and external environment to identify needs, challenges, and options. By scanning your environment, you expand the view so that you and your work group can deepen your understanding of the challenges and expand the organization's range of possible actions. It will help you to see forces at work that assist or undermine changes during the process of decentralizing so that you can appropriately support the next level closer to your organization's clients, the ultimate beneficiaries of all your efforts. By scanning, you will be able to:

- see clients in a new way to serve them better;
- identify new stakeholders;
- recognize competing stakeholder interests;
- look at patterns of service within the organization;
- identify obstacles that block new action.

See clients in a new way. Scanning is invaluable for redefining your role to become more supportive of your clients. As you take responsibility for managing health services at the decentralized level, you need to take a closer look at the primary clients of the health system: the individuals, families, and communities that make up the population you serve. To anticipate your clients' changing health needs, learn as much as you can about them, their health status, culture, language, customs, taboos, relationships, and the community's power structure. To avoid falling into the trap of continuing "business as usual," you and your work group especially need to examine the deeply ingrained assumptions about your primary clients that influence your actions.

Challenging Existing Models and Practices	
WHO PRODUCES HEALTH?	At the Leadership Program offered through The Bill & Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins University, managers are asked to reflect on their mental model about who produces health. They usually see patients and clients as consumers, and doctors and other health professionals as producers. The program's training staff challenges this model. It is the family that produces health, while the ministry and health organizations need to support the family's efforts.
HOW TO SERVE THE CLIENT?	If you change your mental model about who produces health, you need to reconsider how you can best serve the client. In some health systems, the most common practice is to give to, teach, admonish, and sometimes even scold the client when instructions are not followed. The new mental model requires a different practice: supporting the family in its efforts to produce its own good health.

Identify new stakeholders. After decentralization, you will have new stakeholders, of which your primary clients are one group. Stakeholders are people and groups who have a stake in the outcome(s) of your program or organization's efforts. If you are a central-level manager, you need to scan for external and internal stakeholders at your level, as well as for those you support at the decentralized level. If you work at the decentralized level and resources no longer flow directly down from the ministry of health, then the district assembly or local governing body that votes for budget allocations becomes a key stakeholder. If you disconnect yourself from its agenda, you could find yourself unable to fulfill your mandate. To tap the resources of the local business community or external donors, you must recognize them as stakeholders and learn about their priorities and interests.
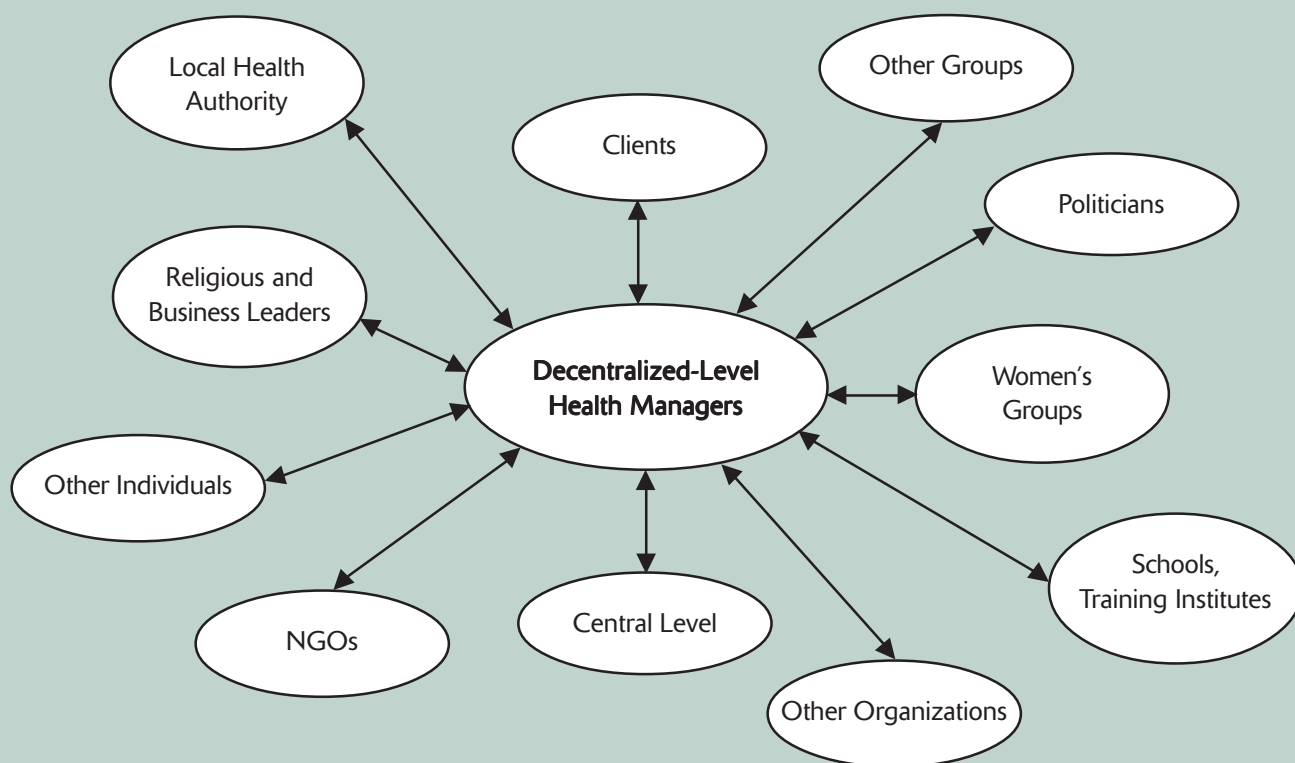
In order to work effectively in a decentralized system, health managers at the decentralized level need to build strong relationships with various groups in their communities and with other stakeholders. They first need to identify stakeholders who can help them accomplish their desired results and then build two-way relationships with them, based on mutual respect and support. Relationships that benefit the various groups motivate them to fulfill their commitment to provide services, support, and resources.

Recognize competing stakeholder interests. Sometimes your scan will reveal conflicting interests among various client or stakeholder groups. *For example, if the decentralization process involves privatization of certain services, the necessity of small private clinics and pharmacies to make a profit may clash with the health system's mandate to provide services to indigent or remote populations.* If you work at the decentralized level, your leadership role becomes one of lining up these groups' interests with the broader goals of the health system. Let private clinics and pharmacies know that they have a stake in seeing poor populations improve their health and pull themselves out of poverty. Try involving representatives of these organizations in the planning process. (See "Aligning and Mobilizing" on page 13.)

Look at patterns of service within your organization. You must also look inside your organization to see whether the behavior of managers and staff (including yourself) actually serves the clients you have identified. The image of the health system with each level holding up the level above will help you redirect the flow of organizational energy away from other levels towards the people the system aims to serve. *For example, an organization's finance department and administrative units exist to support service delivery, not the reverse.*

Identify obstacles that block new action. Before you can change patterns of service within your organization, you need to identify alternative strategies for change and potential obstacles to these strategies. Obstacles that may keep your staff and stakeholders from behaving differently include culture and tradition, current role models, political or professional risks, gaps in skills, and current incentive and reward systems. You will need to identify ways around these obstacles in order to mobilize others.

The following box offers some questions to guide your scanning in a decentralized setting and some useful scanning skills you and your colleagues can develop further.

Scanning—Key Questions and Skills

SCANNING QUESTIONS

- What do the demographic and health indicators show for the population we serve? What trends are observable? What do local people think about these changes?

- What are the spending patterns of the local population and the local political authority? What priorities do they have?

- How is decentralization affecting the poor and underserved?

- Who are the key political actors at our management level, and what are their political priorities?

- Who are the stakeholders we need to engage in order to improve the effects of decentralization for health services?

- What obstacles may keep staff and stakeholders from moving ahead with us and how can we go around them?

SCANNING SKILLS help you collect information efficiently from various sources and to make sense out of it.

ANALYTICAL SKILLS	The ability to identify the elements that form a whole entity and understand their effect on each other and the whole
SYNTHESIZING SKILLS	The ability to weave separate pieces, analyses, and observations into a coherent whole
INTERVIEWING SKILLS	The ability to inquire, probe, and get others to share information that you need without shaping their answers to fit your agenda
NOTE-TAKING SKILLS	The ability to extract information from conversations, interviews, observations, or lectures and transform it into a written form that will be understandable after a lapse of time
CONVERSATIONAL SKILLS	The ability to rapidly build trust and encourage an honest exchange to gain meaningful information
DATA INTERPRETATION SKILLS	The ability to convert raw data into useful information and to draw conclusions
SURVEY AND RESEARCH SKILLS	The ability to construct methods of inquiry and analyze data to test a hypothesis

Focusing: Decide What People Should Pay Attention To

Focusing narrows the field of action. Because available money, time, people, and other resources are rarely enough for the task at hand, being able to prioritize crucial areas for action is a critical leadership function. In focusing, you need to:

- identify the collective goal of decentralization, strategic directions, and priorities;

- emphasize people's interests over inflexible positions.

Identify decentralization's goal, strategic directions, and priorities for action. The health agenda is part of a broader local agenda. Influenced by local pressures or personal political agendas and in the absence of national guidelines and standards, a local government may direct resources away from health services toward other social needs or more politically expedient goals that show quick, visible results.

At the decentralized level, you need to engage first your staff, then external stakeholders in a dialogue to think through the ultimate goal in decentralizing a health system. You need to agree on strategic directions and priorities, and to manage the resulting implications, contradictions, and potential side effects. A good way to do this is to request that a level closer to the central level actively facilitate local planning and promote a discussion on local funding priorities. When central programmatic and technical guidelines exist, explore with central-level managers how much flexibility you have in the way you can adapt their guidelines. This will influence the strategies and priorities you can adopt.

Emphasize interests over inflexible positions. While clarifying goals with staff or stakeholders, a group may try to advocate for its position (the approach it supports for satisfying its interests). This can lead to polarization among groups. Avoid clashes by regularly communicating with your staff and stakeholders about their interests and concerns. Help them discover how their interests are served by the larger purpose of decentralization. The following box offers key questions and skills for you and your colleagues to use when focusing.

Focusing—Key Questions and Skills

FOCUSING QUESTIONS

- What is our goal: the primary result that we hope to accomplish through decentralization? How can we direct our services toward the poor and underserved?

- What assumptions (about our work group, others, the health system) are contained in this goal?

- What should our long-term strategies be to achieve this goal, and what should our priorities be right now?

- How can we best communicate our goal, strategies, and priorities to our staff and stakeholders in an understandable way?

FOCUSING SKILLS help you distill the essence of information and ideas and turn them into goals, strategies, and priorities for action.

VISIONING SKILLS	The ability to formulate an image of a positive future
STRATEGIC PLANNING SKILLS	The ability to develop consensus on optimal approaches to fulfilling an organization's mandate through a group's reflection on the organization's mandate; its past, present, and future capacity; and its strategy for reaching this mandate
PRIORITY-SETTING SKILLS	The ability to rank competing priorities and eliminate or postpone low-priority activities
PROBLEM-SOLVING AND DECISION-MAKING SKILLS	The ability to identify the causes of real-life problems and dilemmas and to choose the best solution or course of action.

RISK-TAKING SKILLS	The ability to weigh advantages against disadvantages, and the courage to take calculated chances
GROUP FACILITA-TION SKILLS	The ability to move a group towards desired outcomes
ACTION PLANNING SKILLS	The ability to identify the activities needed to achieve objectives and to allocate the resources and responsibilities for carrying out these activities
PRESENTATION SKILLS	The ability to present information and vision clearly, concisely, and persuasively to an audience

Aligning and Mobilizing: Connect Other People and Resources in the Move Forward

While **scanning** helps you to identify your stakeholders and **focusing** helps your staff and stakeholders to collectively agree on a goal for decentralization at your management level, **aligning and mobilizing** help you to connect the interests and actions of all groups involved so that they can support each other in implementing health services. This function includes acquiring resources to support the strategies.

You will need to align and mobilize internally and externally. Within your organization, you need to coordinate staff goals with the goal for decentralization. It is important for you to create and facilitate teams that will take on new management responsibilities, implement agreed-on strategies, and meet their clients' needs. Externally, you need to advocate for changes and coordinate actions to achieve a greater good. In aligning and mobilizing for a decentralized health system, you need to:

- cross boundaries into other groups' territories;

- engage others to work for change;

- manage conflict productively;

- jointly identify resources and assets;

- bring staff, structures, and systems into line with the new strategies;

- advocate for changes that strengthen the decentralized health system.

Cross boundaries. Throughout your efforts to align and mobilize others, you will have to cross lines that separate groups in order to find areas where you can collaborate. Although such lines or boundaries help groups define themselves, they also create psychological barriers between those on the inside and those outside. *For example, people may look outside their organization and say, "You are in family planning, we are in AIDS," or look inside and say, "You are part of Accounting, we are part of Programs," or "You are Central, we are District."*

As you look for other groups to align with, learn to cross boundaries. Become aware of your own preferred customs and culture and familiarize yourself with the customs, languages, and constraints of those on the other side. Then you can cross to the other side, and exchange diverse views, which may lead to creative solutions.

Engage others to work for change. Once you are able to cross boundaries, you can engage other groups in meaningful conversations and create partnerships that work. Successful change efforts generally include four key actions to engage people fully: widen the circle of involvement, connect people to each other, create communities for action, and embrace principles of equity, fairness, and justice (Axelrod 2000). The implications of these new "terms of engagement" are that you must reach out and include people whom you may not have dealt with in the past. Through dialogue, you and others can reach agreement on the goals for decentralization and the ideals of justice, fairness, and equity in health care. Together, you become a reservoir of committed people who, in turn, will create small communities of action and work for change.

Engagement occurs when different groups discover other groups' "currencies." Currencies are intangible influences valued by another person, such as public recognition, respect, or gratitude. You should, of course, advocate for adequate wages for your staff to meet their and their families' basic needs. If this condition is met, then you can engage your staff more deeply by using nonmonetary currencies. Currencies can be particularly helpful in retaining staff, since decentralizing may increase the risk of job loss in the public sector while expanding opportunities for generating income in the private sector.

Finding Meaningful Ways to Engage Others

Regardless of your management level, you can gain cooperation from others in and outside your organization even when you lack decision-making authority or the power to authorize funds. You gain their support, and use of their resources, by offering goods, services, and "currencies." By identifying what another person values most, you can determine the kind of currency and language to use with that person. People in organizations often are influenced by the following:

INSPIRATIONAL CURRENCIES	Involve people in a task with significance for their clients or organization. Give them the opportunity to do important things very well or encourage them to take strong ethical action.
TASK-RELATED CURRENCIES	Provide others with additional resources that are directly related to the task at hand, such as more support staff, space, or access to information. Offer them challenging assignments that increase skills and abilities. Help them with existing projects or unwanted tasks. Respond to their requests more quickly.
POSITION-RELATED CURRENCIES	Publicly acknowledge people's efforts. Give them access to important persons, or a chance to be seen as competent, committed, and belonging to an inner circle.
RELATIONAL CURRENCIES	Listen to people's concerns and problems. Offer acceptance, friendship, or emotional support.
PERSONAL CURRENCIES	Express appreciation or indebtedness to others. Offer them ownership and influence over key tasks. Affirm their values, self-esteem, and identity, or simply protect them from petty annoyances.

Source: Adapted from Cohen and Bradford 1991, p. 79.

Manage conflict productively. The process of decentralization may have already put you in conflict with external groups whom you need to engage. Whatever the impasse, pushing harder against other groups will only make things worse. Instead, explore each group's concerns, needs, and interests to find common ground. Sometimes you can rely on a respected person in the community to play the role of mediator.

Turning an Adversary into an Ally

GAP IN COMMUNICATION	An influential local politician undermines the efforts of the district medical officer (DMO) by openly using resources, designated for health-related activities, to support favorite projects and fulfill his supporters' requests. While the DMO is dependent on the politician to fulfill her mandate, he acts as if he doesn't need her. She feels powerless to change the situation, because her limited responses have not served her well. She either berates the politician in public for his irresponsible behavior or lectures him about good public health practice. The more she blames the politician, and "explains" what he ought to do, the more he diverts resources.
	In such a situation, the two are locked in a power struggle that cannot be resolved by the DMO using rational arguments, with the power of the central ministry and the medical establishment behind her.
CHANGING THE APPROACH	The DMO has to find new ways to turn this adversary into an ally. She needs to sit down with the politician, find out his interests and identify what they have in common. Then she can find ways to connect his interests to the goals of decentralization for improving health.

Jointly identify resources and assets. The transition to a decentralized health system changes traditional flows of resources. In addition to resources from the central level, you may need to look for other resources (e.g., funds, staff, supplies) and assets (e.g., committed communities and NGOs) to mobilize. Communities around the world have begun to identity their own resources and assets, rather than only relying on often-delayed or inadequate government resources. Some resources and assets that are insignificant on their own can be combined into a strong force for positive change.

Bring staff, structures, and systems into line with the new strategies. As you think through ways to align and mobilize outside groups, you also need to work with your staff to make the necessary internal management changes that support the new strategies and priorities for decentralization. You may need to adjust lines of authority, communications, supervisory relationships, and systems that support planning, budgeting, and other management functions.

Advocate for changes that strengthen the decentralized health system. Completing the transition to an effectively organized decentralized health system may require advocating for nationwide changes. Advocate with managers at the central level for policies and laws that promote and protect efforts to achieve decentralization's goals.

You may need to organize supporters of decentralization. Like many other changes in social policy, decentralization may trigger reactions from people who fear that the change will deprive them of influence, prestige, and material resources. These people may mobilize quickly to try to restore a situation that preserves their benefits, while those who stand to gain from decentralization—the poor and underserved—may not be well enough organized to advocate for the change in policy. To address power plays that can undermine decentralization's promises, focus on helping those who have no voice to organize themselves, so that policymakers can feel their political pressure.

ALIGNING AND MOBILIZING QUESTIONS

- Which boundaries within and beyond our organization do we need to cross in order to move ahead? How well equipped are we for crossing them? Are we willing to learn to work with different organizational cultures?

- How can we align for positive change the forces that operate within and outside our organization (caring, committed staff, experts on the local situation, supportive community members, and local politicians)?

- How can we mobilize resources (funds, space, time, labor, and supplies) from our local community or join with other communities and organizations to mobilize resources?

- How can we help our staff clearly understand their expected performance and align it with the new organizational objectives for decentralization?

- How can we advocate for policies and laws that will strengthen the decentralized health system? If powerful groups oppose policy changes for their own interest, how can we organize those without influence to advocate for necessary policy changes?

ALIGNING AND MOBILIZING SKILLS help you and your colleagues harness other people's energies and resources for a common purpose.

GROUP DYNAMICS SKILLS	The ability to "read" groups and see the forces that shape people's behavior
DIALOGUE SKILLS	The ability to hold a discussion with one or more people, mixing advocacy (for one's own point of view) and inquiry (probing into the other's point of view)
CONFLICT MANAGEMENT SKILLS	The ability to de-escalate conflict and turn it into a productive force
NEGOTIATION SKILLS	The ability to reach agreements from which both sides can benefit
TEAMBUILDING SKILLS	The ability to create a cohesive team and mobilize the team to produce desired results
ADVOCACY SKILLS	The ability to successfully present one's view and mobilize support for it
REFRAMING SKILLS	The ability to see and present multiple perspectives on a single issue

Inspiring: Arouse and Sustain a Commitment to New Goals

Inspiring is the most admired, and possibly most critical, of the four leadership functions. Stirring people's imaginations with visions of a better world, encouraging creative learning, demonstrating integrity in difficult situations, taking and encouraging calculated risks to achieve strong results—these actions inspire people.

When you inspire, you "transmit spirit" by the way you relate to yourself and others. To inspire others to help the decentralized health system achieve its potential, you need to:

- build confidence in local decision-making;

- communicate for commitment;

- recognize accomplishments publicly;

- manage the transition.

Build confidence in local decision-making. Decentralization requires redefining who makes what decisions and who has authority over the flow of resources. If you have traditionally been someone who made most of the key decisions, you may now need to entrust decision-making to others whom you may not initially consider capable. Can you identify qualities in new decision-makers that may indicate their ability to make good decisions? Can you find ways to encourage them to make solid decisions, to publicly validate their successes, and to offer support and advice as needed? Can you support them even when they make mistakes? *Uganda's Ministry of Health sends advisors to help health managers in some districts develop plans that take into account both national and local priorities. They initiated this support to foster sound decision-making and to discourage districts from using grants to build unsustainable health facilities at the expense of immunization and other national programs.*

Communicate for commitment. To inspire others, you engage your staff and other stakeholders in a cause greater than themselves, that of fulfilling some of decentralization's promises. You invite them to address specific challenges and listen wholeheartedly when they communicate their values, concerns, and pride in their achievements. You share with them your own values and concerns and model leadership values in your actions. By respecting their views and sharing yours, you can deepen their involvement in the process of decentralization, building trust and confidence along the way.

By listening to people in other groups, you begin to understand their agendas. Once it is time for you to speak, avoid trying to impress them. Like many technical professionals, you and your colleagues may often use jargon as a convenient way to communicate. While jargon may impress others, it tends to confuse and rarely creates shared understanding that leads to commitment. When communicating with people outside your circle of expertise, cultivate patience in order to understand and be understood.

Recognize accomplishments publicly. As the health system is decentralized, some people adjust painfully to the changes, while others take risks to improve services. Publicly recognize the large and small accomplishments of these risk takers and find small but meaningful ways to reward them. You will not only be rewarding their courage and initiative, but will also encourage their more reluctant colleagues to take chances.

Manage the transition. Many people experience the move to a decentralized system as a turbulent transition. Every major transition affects people's sense of identity and belonging. You can inspire others by acknowledging their uncertainty and concerns, while at the same time sharing your firm belief that the transition will lead to better services. Let them know that they can play a critical role in achieving the new goals. Allow them time to explore new options as they put aside old habits and behaviors.

Inspiring—Key Questions and Skills

QUESTIONS FOR INSPIRING

- What would it take for people to follow us? Do we practice what we preach?

- What do we assume about the decision-making ability at next management level closer to the community than our own? Can we build confidence in local decision making by offering emotional and technical support?

- Do we engage others in a cause? Do we listen respectfully to their concerns and progress? Can we find the right language to communicate with other groups, while avoiding jargon?

- How can we recognize the accomplishments of others in ways that motivate greater involvement?

- How are our staff dealing with the turbulence of decentralization? How can we help our staff and others come to terms with the changes and adopting new roles and responsibilities that support health services at the local level?

SKILLS FOR INSPIRING help you and your colleagues attract, sustain, and nurture followers, especially in hard times.

ROLE-MODELING SKILLS	The ability to reflect on and bring your actions into line with your principles and values
COMMUNICA-TION SKILLS	The ability to express what you mean to say in words that clearly convey your ideas to different listeners
LISTENING SKILLS	The ability to absorb other people's perspectives, expressed both verbally and through body language or facial expressions, to understand their meaning, and to show respect for their views
FEEDBACK SKILLS	The ability to give both positive and constructive negative feedback that affirms another person's strengths and encourages personal growth
RECOGNITION SKILLS	The ability to publicly affirm the efforts and accomplishments of others with words and other forms of appreciation
FAIRNESS SKILLS	The ability to respond to others without favoritism, recognizing the value of their differences and their unique contributions

Achieving a Cohesive Health System

In conclusion, the transition to a decentralized health system creates new challenges for health managers. They need to put into place new and restructured management systems to stabilize and sustain the redesigned system. You can help achieve a stable, cohesive decentralized health system by exercising leadership among your staff and external stakeholders to implement helpful changes.

Collectively define a goal and vision for the new health system, consistent with the promises of decentralization and within the context of the overall health system's responsibilities. Develop, guide, and inspire your staff and stakeholders to collaborate, innovate, and make organizational adjustments that improve the system at their management level. Encourage them to advocate for complementary action at other levels.

Through courage and persistence, these efforts will produce a more equitable, just health system that better responds to local needs.

> Remember, moving to a decentralized system will not immediately correct the problems of a centralized system. If, however, decentralization means local control through processes that bring together all stakeholders (including communities, private-sector businesses, local politicians, and health managers), then more attention will be given to local problems, and resources will be better allocated to local solutions.

The following two examples show how health managers at different levels are using leadership practices to improve the cohesion of their health system. The first "Working Solution" illustrates leadership practices that improved resource flows; the second describes the alignment of primary and secondary health care.

IMPROVING MORALE AND RESOURCE FLOWS THROUGH A COMMON VISION

The Government of South Africa is moving towards a municipality-based primary health care (PHC) delivery system. Local governments run by locally elected politicians will eventually assume responsibility for managing PHC services. Health managers in the Eastern Cape Provincial Department of Health have been working to ensure that, once fully decentralized, PHC services for very poor populations will continue to improve.

The challenge. The head of the Provincial Department of Health realized the challenges he faced: How to build consensus around a common vision of improved health for local populations and how to develop supportive working relationships.

Outreach program to improve health care. The head of the Provincial Department of Health initiated an "outreach" program, which enabled his top team to identify and focus on persistent health service delivery problems. To identify such problems, the team scanned reports and key health and demographic indicators for each area they would visit, and spent a day in each area with local hospital staff, clinic staff, and community boards (in some cases working side by side with health providers). During debriefings, they focused on commitments made during the visits, activities required to meet those commitments, and ways in which the team could support one another in implementing the activities. They determined the relative priority of each activity.

Engaging stakeholders to achieve better service delivery. The provincial management team first visited a poor, remote area in the former Transkei region of the Eastern Cape Province. Although this trip was planned as a team-building activity, the team invited two health councilors (local politicians) and two district health managers to join them. Prior to the visits, stakeholders' tensions had led to a sense of despair over inequities and other problems. The trip

opened the managers' eyes to the desperate conditions faced by local health workers and their clients. All involved became committed to one thing: improving health services so that local health, as measured by health indicators, would improve.

The head of the Provincial Department of Health used his outreach program to mobilize and align key stakeholders toward solutions. He inspired all groups to look for ways to solve current stalemates. This program helped to dispel many negative feelings that each group had for others. The health councilors gained better understanding of the provincial team's good will and constraints. The hospital board members, elected from the community, were able to express their concerns and help devise ways to improve hospital services. The provincial team gained a better understanding of the pressures in the field from health staff and community members. The district health managers felt supported by the top team's visit. This attention boosted their position in the eyes of the local politicians. Each group witnessed other groups' commitment to better health for the people of the Eastern Cape Province.

Bringing people together, linking conversations to a common desired future, and showing how each group has a critical role to play were the building blocks for implementing change. They nurtured faith in people's ability to make a difference, no matter what their level in the health system.

Results. Some longstanding staff vacancies have been filled. Badly needed equipment and supplies have been ordered. These interventions will support improved morale of the health service providers. Ongoing collaboration and improved communication between local health managers and local politicians generated staff enthusiasm, a sense of optimism, and progress, all of which will require continued support.

DEVELOPING A COHESIVE LOCAL HEALTH SYSTEM

Following the passage of the Local Government Code of 1991, the Philippines central government turned the provision of health services over to local government units (LGUs) in 1993. The LGUs consist of municipalities (towns), cities, and provinces. This divided responsibility for primary and secondary health services: municipal governments became responsible for primary health facilities, and provincial governments took over district and provincial hospitals.

RESPONDING TO CHANGE AT THE DECENTRALIZED LEVEL

The challenge. In the municipalities, coordination of referrals between primary health facilities and district hospitals suffered. Primary health care staff were no longer supervised by the more highly trained doctors in the district and provincial hospitals. Over time, local health staff skills, morale, and motivation suffered. Health managers in the municipalities were faced with the challenge: How to ensure appropriate referrals and technical support between hospitals and primary care facilities when these facilities belong to different jurisdictions.

Practicing local leadership to support service delivery. Concerned about the deteriorating local health services and the LGUs' inability to share vital resources (such as staff with special skills), a doctor managing a district hospital in the province of Negros Oriental applied a series of leadership practices to engage other local stakeholders and mobilize needed resources. Talking with his own staff, he scanned for their challenges and views on how the hospital's resources could be used to meet these challenges. Then he approached the doctors managing the primary health facilities in surrounding municipalities to learn about their problems and proposed solutions.

After reviewing the situation, the hospital manager realized that he and the primary health care doctors needed to focus on restoring the district health system in which the district hospital supported a network of primary health care facilities in surrounding municipalities. This required forging new relationships since his hospital and the primary health care facilities now belonged to different jurisdictions. He promoted the concept of a district health system among his peers in the hospital and primary health care facilities, and together they clarified the goals of the system and the responsibilities of all facilities.

Having gained commitment from his peers to a district health system, he worked with the provincial governor and municipal mayors to align their support for this initiative. They responded positively, and the province reintroduced district health systems in six districts.

Asked to serve as district health officer of a new district system, he mobilized stakeholders to apply for additional resources through a national program of matching grants. He arranged meetings where they formulated a joint plan for a grant and successfully presented the plan to mayors and the provincial governor to secure matching funds. The district won the grant they needed for improvements.

By providing a clear challenge to his staff and external stakeholders and being open to their concerns and feedback, the hospital manager inspired them to find new ways to strengthen services. All stakeholders continue to develop initiatives for improvements.

Results. The hospital manager's leadership in promoting a new model for an integrated district health system and gaining external support is improving service delivery. LGUs now share resources, technical supervision has improved, and public awareness of

major health programs has increased. Over three months, the number of children under one year of age whose immunization needs had not been met declined from 35% to 15%, while the level of unmet need for family planning dropped from 36% to 27%.

FINDING NEW WAYS TO PROVIDE SUPPORT FROM THE CENTRAL LEVEL

The challenge. Central-level managers in the Department of Health (DOH) were also concerned about the effect of decentralization, because they saw hospital services deteriorating from insufficient funding and local inflexibility. Hospital accreditation and licensing authorities had to downgrade many provincial hospitals, while workloads increased at regional and national hospitals still belonging to the DOH. Eventually, it spent more money on fewer hospitals than it had prior to decentralization. Like the local health managers, the central-level managers faced the challenge: How to maintain an integrated health system when primary care facilities and hospitals fall under different jurisdictions.

Using central-level powers to support local models. In searching for a better way to manage health services, the central-level managers scanned for local efforts to coordinate municipal and provincial health services with the support of the 1991 Local Government Code. The Code enabled local governments to group together and coordinate activities, contribute funds, and assign personnel across boundaries.

The central-level managers decided to focus on promoting the development and effective performance of such coordinated local health systems. Their strategy was to:

- build wide support for the concept of local health systems;

- secure appropriate legislative and regulatory mandates for institutionalizing such systems;

- encourage adequate, equitable resources to support the development and operation of these systems;

- align the DOH's own management structure, systems, and staff to support them.

The Secretary for Health mobilized political support through a joint workshop for provincial governors, resulting in a written agreement to establish local health zones integrating health service delivery of a referral hospital with surrounding municipal health services. The agreement was signed by the President of the League of Provinces, the President of the Union of Local Authorities, the Secretary of Health, and the Secretary of Interior and Local Government. Under an executive order drafted by the central-level managers, establishment of local health zones became national law. Central-level managers are using matching grants to motivate LGUs.

These managers are also simultaneously aligning the DOH's own management structure and systems to support the reintegration of local health systems. The DOH has a new Bureau of Local Health Development. Its regional offices are now Centers for Health Development (CHD), which help create, support, and monitor integrated local health systems within their regions. The DOH's provincial representative has the role of linking local health zones' operations with the DOH's supportive resources. Finally, central-level managers have documented and disseminated existing models of local health zones and their related "best practices" through a handbook on managing local health zones.

The central-level managers inspired others at the decentralized level by recognizing and valuing local initiatives. They inspired their colleagues and other important stakeholders by engaging them in developing approaches to support the local systems.

On different responses to change…

A reviewer provides this example, "Moving toward control at the decentralized level, some of our districts gained geographic areas, and others lost them. While some districts responded well, others have been paralyzed. Although their day-to-day function has not changed much, their sense of change has been great. Some managers try to keep reporting and planning routines very much the same to decrease the sense of instability. Some working at local level keep looking for what they can do and work together across boundaries when lines have been shifted. These managers worry less about the changes."

On scanning patterns of service…

One reviewer suggests how scanning could promote the availability of different models of service. "Sometimes new patterns of service delivery are adopted as 'the answer' for clients with almost religious fervor, but they do not fit every context. For example, when integrating services in my country, many nurses and managers adopted a 'bank queue' or 'supermarket' approach as the only acceptable service delivery model. What got lost was also being able to hold special days or times for specific types of clients (while not requiring their attendance) in order to provide group education and support."

On focusing goals, strategies, and priorities to strengthen the decentralized health system…

Another reviewer emphasizes, "Make sure your strategies are consistent with current local development plans. Share the process of elaborating goals, strategies, and priorities with local political leaders."

On prerequisites for aligning and mobilizing effectively…

A reviewer reflects, "Aligning and mobilizing is a difficult process, especially when resources are quite scarce. It calls for a high degree of humbleness on the part of the manager."

Another reviewer mentions, "Lasting solutions and deep, sustained dialogue are essential, but motivating and maintaining a process of change on a large scale may be very long and frustrating. It is important to try and visualize targets and intermediate results, which are clearly understood by all as steps in the long process. Some may want to 'get down from the bus' earlier than others, when their own goal is reached."

On listening to inspire…

A reviewer underscored the importance of genuine listening. "Listening is the most important quality you need to be a good inspirer. By listening you can see beyond the current face your partner is showing you right now, perceive almost all the needs of your partner, receive effective feedback, and discover yourself."

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For electronic copies of previous issues of *The Manager,* see *http://erc.msh.org* and search for the title of *The Manager.*

For tools about leadership, see *http://erc.msh.org.* Click on The Health Manager's Toolkit, then Leadership Development.

Checklist for Exercising Leadership to Make Decentralization Work

- Recognize the overall challenge of decentralization. Decentralization inverts the structure of the health system, and each management level must find new ways to support the next level closer to the population. Your power comes from working **with** others, not from having authority **over** them.

- Understand the new management responsibilities of your management level and work with staff to clarify these responsibilities.

- Redefine your role as a leader who can shape the implementation of decentralization so that it improves health service delivery. Reject the role of a follower who feels victimized by the actions of managers and politicians at other management levels.

- To redefine your and your staff's roles and responsibilities, use leadership practices:

  - Scan your environment to better understand your clients, identify new stakeholders, recognize how you serve these groups, and identify obstacles to action.

  - Focus on clarifying the goal of a decentralized health system, strategic directions, and priorities for action with your staff and key stakeholders. These should help promote equity and justice in the health system.

  - Align and mobilize stakeholders and their resources to develop long-term solutions. Cross over organizational boundaries as necessary to engage others. Work with staff to align management systems and structures with the new strategies. Advocate for policies that safeguard measures to address the health needs of underserved populations.

  - Inspire your staff and stakeholders by trusting their capacity to learn good decision-making. Communicate in ways that inspire commitment and recognize accomplishments that promote improvements. Let others know they have a critical role to play in achieving the goals of decentralization.

A District Health Management Team Responds to Challenges of Decentralization

Scenario MONTENEGRO DISTRICT lies in a forested area with small, scattered communities and a heavy rainy season. The district capital is a sprawling port city at the mouth of a wide river.

A year ago, the central government began implementing a decentralization effort for the Ministries of Health, Education, Public Works, and Agriculture. Under the new system, all four of these ministries assign their district-level staff to a Local Government Authority (LGA). Due to budget cuts imposed by the Ministry of Finance, LGAs have had to cut their staff by 10 percent across the board.

The District Medical Officer has called a meeting of his district health management team to discuss the cuts. "I know that the past few weeks have been difficult. We had to make tough choices to implement staff cuts. We had to deal with friends and colleagues who no longer had jobs. Now that the staff cuts are made, it is time to focus on a new challenge—how can we meet our clients' needs with fewer staff? When the threat of cuts first arose, we agreed that ensuring good TB services is one of our highest priorities. The question I would like to explore with you today is: How can we turn our new circumstances into an advantage for our TB patients?"

"An advantage?!" cried a team member. "I don't see how losing 10 percent of our staff could ever be considered an advantage!"

"That's right!" declared the Nursing Director, who had resisted the cuts and participated as little as possible in making decisions about them. "We are saving lives! Can't we get the people from the Ministry of Health to intervene on our behalf? They have more influence than we have."

The District Medical Officer noticed that some team members were leaning back in their chairs with their arms crossed. Others were looking down at the table. A few younger ones seemed to be listening and ready to take notes. "There is no point in complaining about staff cuts that we couldn't prevent," he said calmly. "It is time to stop thinking of ourselves as victims. Let's focus instead on our population's health needs and how to meet them with a leaner staff." He noticed people stirring in their seats.

"Our biggest challenge right now is getting clients to stick to their treatment regimens. Our nurses can't keep up with their caseloads, and some are threatening to retire because of exhaustion. It was catastrophic to have to make cuts in the TB program," said the TB Coordinator. The Nursing Director uncrossed her arms and nodded. "I read in the paper recently that the nongovernmental organization Community Partnership in Health is going to receive funding to provide TB prevention, detection, and treatment services to some communities in our district. If Community Partnership could provide treatment follow-up for our clients, we

might get better results. This would reduce staff caseloads. Could we refer some patients to Community Partnership and reimburse them for services provided?"

"The suggestion is worth exploring," said the District Medical Officer, cautiously. "I want to know first whether Community Partnership is capable of providing high-quality follow-up services. Our Nursing Director should assess their capabilities." He turned to the Nursing Director and the TB Coordinator. "Let's meet later today to discuss this further." The Nursing Director looked pleased.

"I need more information before I can support referring our clients to Community Partnership for treatment follow-up," said the Financial Officer. "What would be an appropriate payment for follow-up services, and can we afford it? Are we legally allowed to contract with an NGO to provide services for our clients? I will check the regulations."

The District Medical Officer noticed that other members of the group seemed to be paying more attention to the discussion. No one was fidgeting, and they were all looking at him. "Thank you for your initiative in offering to research these information needs," he said to the team members who had been speaking up. "Please be ready to report your findings and ideas to us at our next meeting."

"TB is severely affecting businesses in the district," he continued. "Workers who are infected or caring for the sick aren't showing up. Some businesses have to employ more staff than needed just to make sure they have enough people at their worksites every day. How can we involve the business community in meeting our TB clients' needs? It would be in their best interest, I should think."

"Workers who are adhering to their TB treatments feel well enough to go back to work when they are no longer infectious," volunteered the Nursing Director. "What about having treatment follow-up occur at worksites? Maybe businesses could recruit people to be treatment monitors, and we could train them. Or perhaps businesses could have our staff provide follow-up at worksites two or three days per week." Some team members looked startled at this suggestion, coming from someone who had been resistant to change. The Nursing Director looked a little startled herself.

"These are excellent ideas," said the District Medical Officer with a smile. "Please explore them with your staff, and we'll put them on the agenda to discuss at our next meeting."

The young Communications Officer chimed in. "It occurs to me that we may want to do some education and outreach with the business community first, so its leaders understand how investing in providing these services at worksites could improve their workforce productivity. I know an officer on the District Business Council. We will be attending the same function this weekend. I'll bring up our ideas and hear what she has to say about them."

The District Medical Officer felt pleased that his management team seemed to be taking up this new challenge. "This is a good start. Due to the staff cuts, the next few months are going to be difficult. Our workloads will be heavier, and we must make extra efforts to encourage and support those staff who are still with us. Some of us may find ourselves in new territory. This situation requires new skills and sensitivities, and in some ways we must become beginners again. This is not easy for experienced professionals like you. It certainly is not easy for me. We have some choices to make: We can sit back and blame and point fingers while our programs deteriorate. Or we can show people the way. I have chosen the latter. I hope you will follow me."

QUESTION 1 How is the District Medical Officer helping his team redefine their individual roles and management responsibilities in response to decentralization?

The District Medical Officer starts by reminding his district health management team that they had agreed on the high priority of ensuring good TB services. He then encourages his staff to be creative in finding new ways to meet TB clients' needs under the changing circumstances. This will require his team members to rethink their current management roles and responsibilities. The District Medical Officer helps his team see that fulfilling their management responsibilities means providing TB services somewhat differently than they were provided in the past. Meeting the needs of TB patients now means connecting with others to develop new patterns of collaboration and cooperation in service delivery.

The District Medical Officer encourages team members to think about what they can do themselves, rather than relying only on central-level direction. He has defined his role as someone who will lead his team in responding to changes occurring due to decentralization. He works on turning the team's focus away from thinking of themselves as victims and toward actively participating in finding new ways to serve their clients' needs. As a result of his leadership, the members of his district health management team are taking on leadership responsibilities themselves.

QUESTION 2 In scanning their environment, what partnerships do the members of the district health management team suggest exploring in order to meet TB client needs with fewer staff? What information needs do they see and volunteer to research?

One potential partner that the team identifies is a local NGO that will be receiving funding to provide TB treatment and follow-up in the district. Another is the local business community, since businesses are suffering due to worker illness and absenteeism.

The team focuses on the information they need to explore possible partnerships with local nongovernmental organizations and the business sector. Questions they need to answer include:

- Will the NGO Community Partnership in Health be interested in providing TB treatment and follow-up services to District Health Office referral clients? Will their services be of sufficiently high quality?

- Is the District Health Office legally allowed to contract with an NGO to provide services for referral clients?

- What is appropriate payment for TB treatment follow-up and monitoring services? Can the District Health Office afford to pay someone to provide these services?

- Will the business community be receptive to education and advocacy efforts to increase their understanding of how investing in TB services at worksites could improve their workforce productivity?

- Will the business community be open to investing in recruiting people to monitor TB treatment adherence at worksites or having medical staff provide these services at their worksites two or three days per week?

Team members have volunteered to do the research.

> QUESTION 3 **What ideas has the team come up with to align and mobilize its partners and stakeholders? What advocacy strategies have the team members suggested?**

In the case scenario, the members of the district health management team have not fully developed their ideas for aligning and mobilizing potential partners. Before a local NGO can be used to provide TB treatment follow-up and monitoring services, for example, the nursing staff will have to assess its capability in providing these services. Will this assessment process antagonize the NGO? The district nursing staff will need to keep this in mind and approach the assessment in a way that aligns and mobilizes Community Partnership rather than antagonizing it.

In order to provide treatment follow-up services at worksites, the district health management team will first need to discuss with business leaders what their experience has been with absenteeism and health problems in their workforce. Then the team can explore the advantages of worksite follow-up. Together, team members and business leaders can explore the challenges of TB treatment follow-up and determine whether to recruit and train people in the worksite or to bring in medical staff for regular weekly visits. These issues and potential advocacy strategies remain to be explored.

> QUESTION 4 **What does the District Medical Officer do to inspire his staff?**

He acknowledges that they are in new territory and that some of the familiar ways of the past are no longer useful. He also acknowledges that his team members are developing some great ideas. He encourages them to explore these ideas further, gather needed information, and report back. He keeps the big picture in front of them—meeting client needs despite the loss of staff. He recognizes the turbulence ahead and reveals some of his own difficulty with learning new skills at this point in his career. He invites them to follow him and introduces the concept of choice—they can choose to be victims or they can choose to be leaders.